

STATEMENT OF ECONOMIC INTERESTS  
COVER PAGE



Received  
Date Initial Filing  
APR 01 2015  
CITY OF BUELLTON

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)  
Andrisek Ewald F., Jr.

1. Office, Agency, or Court

Agency Name (Do not use acronyms)

City of Buellton

Division, Board, Department, District, if applicable

Your Position

Council Member

RECEIVED  
FAIR POLITICAL  
PRACTICES COMMISSION  
2015 APR -6 PM 4:03

► If filing for multiple positions, list below or on an attachment. (Do not use acronyms)

Agency: Successor Agency

Position: Successor Agency Member

2. Jurisdiction of Office (Check at least one box)

☐ State

☐ Judge or Court Commissioner (Statewide Jurisdiction)

☐ Multi-County

☐ County of

☒ City of Buellton

☐ Other

3. Type of Statement (Check at least one box)

☒ Annual: The period covered is January 1, 2014, through December 31, 2014.

☐ Leaving Office: Date Left / / (Check one)

-or-

The period covered is / / through December 31, 2014.

☐ The period covered is January 1, 2014, through the date of leaving office.

☐ Assuming Office: Date assumed / /

☐ The period covered is / / through the date of leaving office.

☐ Candidate: Election year and office sought, if different than Part 1:

4. Schedule Summary

Check applicable schedules or "None."

► Total number of pages including this cover page: 4

☐ Schedule A-1 - Investments - schedule attached

☒ Schedule C - Income, Loans, & Business Positions - schedule attached

☐ Schedule A-2 - Investments - schedule attached

☐ Schedule D - Income - Gifts - schedule attached

☒ Schedule B - Real Property - schedule attached

☒ Schedule E - Income - Gifts - Travel Payments - schedule attached

-or-

☐ None - No reportable interests on any schedule

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herein and in any attached schedules is true and complete. I acknowledge  
I certify under penalty of perjury under the laws of the State of California

Date Signed 04/01/2015

(month, day, year)

**SCHEDULE B**  
**Interests in Real Property**  
(Including Rental Income)

|                                                                   |
|-------------------------------------------------------------------|
| <b>CALIFORNIA FORM 700</b><br>FAIR POLITICAL PRACTICES COMMISSION |
| Name<br>E. F. Andrisek, Jr.                                       |

▶ ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS  
433 Quail Run Rd. (137-700-020)

CITY  
Buellton

FAIR MARKET VALUE  
☐ \$2,000 - \$10,000  
☐ \$10,001 - \$100,000  
☒ \$100,001 - \$1,000,000  
☐ Over \$1,000,000

IF APPLICABLE, LIST DATE:  
\_\_\_\_\_/\_\_\_\_\_/14 ACQUIRED \_\_\_\_\_/\_\_\_\_\_/14 DISPOSED

NATURE OF INTEREST  
☒ Ownership/Deed of Trust ☐ Easement  
☐ Leasehold \_\_\_\_\_ Yrs. remaining ☐ \_\_\_\_\_ Other

IF RENTAL PROPERTY, GROSS INCOME RECEIVED  
☐ \$0 - \$499 ☐ \$500 - \$1,000 ☐ \$1,001 - \$10,000  
☒ \$10,001 - \$100,000 ☐ OVER \$100,000

SOURCES OF RENTAL INCOME: If you own a 10% or greater interest, list the name of each tenant that is a single source of income of \$10,000 or more.  
☐ None  
Don & Lisa Landry

▶ ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS

CITY

FAIR MARKET VALUE  
☐ \$2,000 - \$10,000  
☐ \$10,001 - \$100,000  
☐ \$100,001 - \$1,000,000  
☐ Over \$1,000,000

IF APPLICABLE, LIST DATE:  
\_\_\_\_\_/\_\_\_\_\_/14 ACQUIRED \_\_\_\_\_/\_\_\_\_\_/14 DISPOSED

NATURE OF INTEREST  
☐ Ownership/Deed of Trust ☐ Easement  
☐ Leasehold \_\_\_\_\_ Yrs. remaining ☐ \_\_\_\_\_ Other

IF RENTAL PROPERTY, GROSS INCOME RECEIVED  
☐ \$0 - \$499 ☐ \$500 - \$1,000 ☐ \$1,001 - \$10,000  
☐ \$10,001 - \$100,000 ☐ OVER \$100,000

SOURCES OF RENTAL INCOME: If you own a 10% or greater interest, list the name of each tenant that is a single source of income of \$10,000 or more.  
☐ None

\* You are not required to report loans from commercial lending institutions made in the lender's regular course of business on terms available to members of the public without regard to your official status. Personal loans and loans received not in a lender's regular course of business must be disclosed as follows:

NAME OF LENDER\*

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF LENDER

INTEREST RATE \_\_\_\_\_% ☐ None TERM (Months/Years) \_\_\_\_\_

HIGHEST BALANCE DURING REPORTING PERIOD  
☐ \$500 - \$1,000 ☐ \$1,001 - \$10,000  
☐ \$10,001 - \$100,000 ☐ OVER \$100,000  
☐ Guarantor, if applicable

NAME OF LENDER\*

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF LENDER

INTEREST RATE \_\_\_\_\_% ☐ None TERM (Months/Years) \_\_\_\_\_

HIGHEST BALANCE DURING REPORTING PERIOD  
☐ \$500 - \$1,000 ☐ \$1,001 - \$10,000  
☐ \$10,001 - \$100,000 ☐ OVER \$100,000  
☐ Guarantor, if applicable

Comments: \_\_\_\_\_

**SCHEDULE C**  
**Income, Loans, & Business**  
**Positions**  
(Other than Gifts and Travel Payments)

|                                                                   |
|-------------------------------------------------------------------|
| <b>CALIFORNIA FORM 700</b><br>FAIR POLITICAL PRACTICES COMMISSION |
| Name<br>E. F. Andrisek, Jr.                                       |

| ▶ 1. INCOME RECEIVED                                                                                                                                                                                              | ▶ 1. INCOME RECEIVED                                                                                                                                                                                   |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| NAME OF SOURCE OF INCOME<br>Longs Drug Stores CA, DBA CVS                                                                                                                                                         | NAME OF SOURCE OF INCOME                                                                                                                                                                               |
| ADDRESS (Business Address Acceptable)<br>218 E. Hwy 246, Buellton, CA 93427                                                                                                                                       | ADDRESS (Business Address Acceptable)                                                                                                                                                                  |
| BUSINESS ACTIVITY, IF ANY, OF SOURCE<br>Retail Drug Store                                                                                                                                                         | BUSINESS ACTIVITY, IF ANY, OF SOURCE                                                                                                                                                                   |
| YOUR BUSINESS POSITION<br>Cashier                                                                                                                                                                                 | YOUR BUSINESS POSITION                                                                                                                                                                                 |
| GROSS INCOME RECEIVED<br><input type="checkbox"/> \$500 - \$1,000 <input type="checkbox"/> \$1,001 - \$10,000<br><input checked="" type="checkbox"/> \$10,001 - \$100,000 <input type="checkbox"/> OVER \$100,000 | GROSS INCOME RECEIVED<br><input type="checkbox"/> \$500 - \$1,000 <input type="checkbox"/> \$1,001 - \$10,000<br><input type="checkbox"/> \$10,001 - \$100,000 <input type="checkbox"/> OVER \$100,000 |
| CONSIDERATION FOR WHICH INCOME WAS RECEIVED<br><input checked="" type="checkbox"/> Salary <input type="checkbox"/> Spouse's or registered domestic partner's income<br>(For self-employed use Schedule A-2.)      | CONSIDERATION FOR WHICH INCOME WAS RECEIVED<br><input type="checkbox"/> Salary <input type="checkbox"/> Spouse's or registered domestic partner's income<br>(For self-employed use Schedule A-2.)      |
| <input type="checkbox"/> Partnership (Less than 10% ownership. For 10% or greater use Schedule A-2.)                                                                                                              | <input type="checkbox"/> Partnership (Less than 10% ownership. For 10% or greater use Schedule A-2.)                                                                                                   |
| <input type="checkbox"/> Sale of _____<br>(Real property, car, boat, etc.)                                                                                                                                        | <input type="checkbox"/> Sale of _____<br>(Real property, car, boat, etc.)                                                                                                                             |
| <input type="checkbox"/> Loan repayment                                                                                                                                                                           | <input type="checkbox"/> Loan repayment                                                                                                                                                                |
| <input type="checkbox"/> Commission or <input type="checkbox"/> Rental Income, list each source of \$10,000 or more                                                                                               | <input type="checkbox"/> Commission or <input type="checkbox"/> Rental Income, list each source of \$10,000 or more                                                                                    |
| _____<br>(Describe)                                                                                                                                                                                               | _____<br>(Describe)                                                                                                                                                                                    |
| <input type="checkbox"/> Other _____<br>(Describe)                                                                                                                                                                | <input type="checkbox"/> Other _____<br>(Describe)                                                                                                                                                     |

▶ 2. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING PERIOD

\* You are not required to report loans from commercial lending institutions, or any indebtedness created as part of a retail installment or credit card transaction, made in the lender's regular course of business on terms available to members of the public without regard to your official status. Personal loans and loans received not in a lender's regular course of business must be disclosed as follows:

|                                                                                                                                                                                                                                |                                                                                 |                     |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------|---------------------|
| NAME OF LENDER*                                                                                                                                                                                                                | INTEREST RATE                                                                   | TERM (Months/Years) |
| _____                                                                                                                                                                                                                          | _____% <input type="checkbox"/> None                                            | _____               |
| ADDRESS (Business Address Acceptable)<br>_____                                                                                                                                                                                 | SECURITY FOR LOAN                                                               |                     |
| BUSINESS ACTIVITY, IF ANY, OF LENDER<br>_____                                                                                                                                                                                  | <input type="checkbox"/> None <input type="checkbox"/> Personal residence       |                     |
| HIGHEST BALANCE DURING REPORTING PERIOD<br><input type="checkbox"/> \$500 - \$1,000<br><input type="checkbox"/> \$1,001 - \$10,000<br><input type="checkbox"/> \$10,001 - \$100,000<br><input type="checkbox"/> OVER \$100,000 | <input type="checkbox"/> Real Property _____<br>Street address<br>_____<br>City |                     |
|                                                                                                                                                                                                                                | <input type="checkbox"/> Guarantor _____                                        |                     |
|                                                                                                                                                                                                                                | <input type="checkbox"/> Other _____<br>(Describe)                              |                     |

Comments: \_\_\_\_\_

**SCHEDULE E**  
**Income – Gifts**  
**Travel Payments, Advances,**  
**and Reimbursements**

|                                                                   |
|-------------------------------------------------------------------|
| <b>CALIFORNIA FORM 700</b><br>FAIR POLITICAL PRACTICES COMMISSION |
| Name<br>E. F. Andrisek, Jr.                                       |

- Mark either the gift or income box.
- Mark the "501(c)(3)" box for a travel payment received from a nonprofit 501(c)(3) organization or the "Speech" box if you made a speech or participated in a panel. These payments are not subject to the \$440 gift limit, but may result in a disqualifying conflict of interest.

▶ NAME OF SOURCE (Not an Acronym)  
California Joint Powers Insurance Authority

ADDRESS (Business Address Acceptable)  
8081 Moody St.

CITY AND STATE  
La Palma, CA 90623

☒ 501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE  
Insurance coverage

DATE(S): 07 / 16 / 14 - 07 / 17 / 14 AMT: \$ 100.00  
(If gift)

TYPE OF PAYMENT: (must check one) ☐ Gift ☒ Income

☐ Made a Speech/Participated in a Panel

☒ Other - Provide Description  
City's Board Member meeting

▶ NAME OF SOURCE (Not an Acronym)

ADDRESS (Business Address Acceptable)

CITY AND STATE

☐ 501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE(S): \_\_\_\_ / \_\_\_\_ / \_\_\_\_ - \_\_\_\_ / \_\_\_\_ / \_\_\_\_ AMT: \$ \_\_\_\_  
(If gift)

TYPE OF PAYMENT: (must check one) ☐ Gift ☐ Income

☐ Made a Speech/Participated in a Panel

☐ Other - Provide Description

▶ NAME OF SOURCE (Not an Acronym)

ADDRESS (Business Address Acceptable)

CITY AND STATE

☐ 501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE(S): \_\_\_\_ / \_\_\_\_ / \_\_\_\_ - \_\_\_\_ / \_\_\_\_ / \_\_\_\_ AMT: \$ \_\_\_\_  
(If gift)

TYPE OF PAYMENT: (must check one) ☐ Gift ☐ Income

☐ Made a Speech/Participated in a Panel

☐ Other - Provide Description

▶ NAME OF SOURCE (Not an Acronym)

ADDRESS (Business Address Acceptable)

CITY AND STATE

☐ 501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE(S): \_\_\_\_ / \_\_\_\_ / \_\_\_\_ - \_\_\_\_ / \_\_\_\_ / \_\_\_\_ AMT: \$ \_\_\_\_  
(If gift)

TYPE OF PAYMENT: (must check one) ☐ Gift ☐ Income

☐ Made a Speech/Participated in a Panel

☐ Other - Provide Description

Comments: \_\_\_\_\_